

**UNITED STATES -- PATENT**  
**DECLARATION FOR PATENT APPLICATION**

Attorney's Docket No.: SHAGE.P001

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled MAGNETIC CONDOM  
the specification of which

(check one)      ☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as  
Application Serial No.: \_\_\_\_\_,  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Appln. No.	Country	Date Filed	Priority Claimed
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Appln. Serial No.	Filing Date	Status: Patented, Pending, Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

## POWER OF ATTORNEY

hereby appoint the following attorney(s) and/or agent(s) to prosecute the application entitled **MAGNETIC CONDOM**

, and to transact all business in the Patent and Trademark Office connected therewith:

MARVIN FELDMAN, Reg. No. 25,797;

HOWARD N. ARONSON, Reg. No. 27,302; and

MYRON GREENSPAN, Reg. No. 25,680.

THOMAS BLANKINSHIP, Reg. No. 39, 909

Address all telephone calls to Marvin Feldman, at telephone number (914) 723-4300, or to the attorney executing the last document.

Address all correspondence to LACKENBACH SIEGEL, LLP

at One Chase Road, Scarsdale, New York 10583

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor George Shapiro	Citizenship US
RESIDENCE Address -- Street 25 Old Sprain Road	POST OFFICE Address -- Street SAME AS RESIDENCE
City (Zip) Ardsley 10502	City (Zip) SAME AS RESIDENCE
State or Country New York	State or Country SAME AS RESIDENCE
Date	Signature

Full Name of Second Joint Inventor Anthony Nigro	Citizenship US
RESIDENCE Address -- Street 56 Forest Avenue	POST OFFICE Address -- Street SAME AS RESIDENCE
City (Zip) Cortland Manor 10567	City (Zip) SAME AS RESIDENCE
State or Country New York	State or Country
Date	Signature

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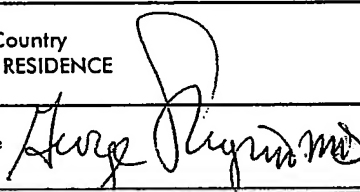
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